

FORM PTO-1083


 1617  
 PATENT  
 Attorney Docket No. 402090/SKYE PHARMA

In re Application of: MISHRA et al.  
 Application No. 09/376,487  
 Filed: August 18, 1999  
 For: INJECTABLE AQUEOUS DISPERSIONS OF PROPOFOL

COMMISSIONER FOR PATENTS  
 Washington, D.C. 20231

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 TECH CENTER 1600/2900

Sir:

Transmitted herewith is an Amendment in the subject application.

☐ Applicants claim small entity status of this application under 37 CFR 1.27.

☒ Petition for Extension of Time

- ☐ Applicants petition for a one-month extension of time under 37 CFR 1.136, the fee for which is \$110.00 (enclosed).  
☒ Applicants believe that no petition for an extension of time is necessary. However, to the extent that such petition is deemed necessary, Applicants hereby petition for a sufficient extension of time to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.

☐ No additional claim fee is required.

☒ Other: Information Disclosure Statement.

The claim fee has been calculated as shown below:

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					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADDIT. CLAIM FEE	RATE	ADDIT. CLAIM FEE
TOTAL	106	MINUS	42	=64	x 9=	\$	x 18=	\$1,152.00
INDEPENDENT	7	MINUS	3	=4	x 42=	\$	x 84=	\$ 336.00
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM				+ 140=	\$	+ 280=	\$
					TOTAL	\$	TOTAL	\$1,488.00

☒ Please charge my Deposit Account No. 12-1216 in the amount of \$1,488.00. A duplicate copy of this sheet is attached.

☐ A check in the amount of \$ is attached.

☒ The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216. A duplicate copy of this sheet is attached.

- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.  
☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

*Leah Robinson*

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Date: 12/4/02  
 LOR:ves